EXHIBIT 2

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEI	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF Abieia, Kristine 86	Admissions/Recert 90:000 Visits 40:000		R		DA	CT	ED
Example of an IC being paid by visit	CHECK 1 TOTA Visits 40,000 Visits 90,000 Milage Reimbursement 5,000 CHECK 2 TOTA	25:00 2:00 0 2:00	R		DA	CT	ED
Abiera, Wilma 81	Visits 50:000 EMPLOYEE TOTA	1.00	R	R	DA	CT	'ED
Abucejo, Irish 87	Visits 50,000 Visits 90,000 EMPLOYEE TOTA	0 1 00					
Avedillo, Teresit 59	Visits 60,000 Visits 90,000 EMPLOYEE TOTA	2,00 0 1,00	K		DA	CT	'ED
Diaz, Veronica 63	Hourly 15,000 Holiday 15,000	0 16,00	D				
Domapias, Elizabe 8 Employees are	Hourly 17 000	0 80.00	K		UA	CT	
paid by the hour	EMPLOYEE TOTA	L 80.0d					

0070 1705-4170 Rehab Med-Care LLC Run Date 01/29/19 11:14 AM

EMPLOYEE NAME	HOURS, EARNIN	GS, REIMBURS	EMENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID		HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)							
Estepa, Mamerlita 23	1	0000 14 0000 1		H)	JA		
	CHECK 1 TO	DTAL 15.0	od				
		0000 14 0 0000 2 0					RD
	CHECK 2 TO				JA	CT	
Estepa, Meneleo 24	Visits 60	0000 12,0 0000 2:0	00				
	EMPLOYEE TO	OTAL 14.0	od R				H H
Jamoralin, Leilni 85	Visits 50	0000 4.0					
	EMPLOYEE TO	OTAL 4.0					
Lockett, Teresa 19	Milage Reimbursement 7	;	00	H)		CT	Ή) Ι
Madueke, Ifeanyi P 50	Visits 20	OTAL 18.0					
	EMPLOYEE TO	OTAL 6.	nd nd				
Maduka, Lucy O 21	l .	0000 2 0000 16 0000 3	00 00 00		JA		KU
	CHECK 1 To	OTAL 21.	od				

EMPLOYEE NAME	HOURS, EARNIN	GS, REIMBL	IRSEMENTS & OTHE	ER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION R	HOUF	S EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Maduka, Lucy O (cont.) 21			R			CT	רוזי
		0000	1000	ע ע			
	CHECK 2 TO	 	13.00				
Martinez, Joe M 17	Visits 34	0000	8:00		JA	CT	ED
	EMPLOYEE TO	DTAL	8.00				
Nsowah, Kwadwo 42		0000	7 00			CT	'RD
Ragasa, Willie R	EMPLOYEE TO	DTAL	7.00	ע			
	EMPLOYEE TO	OTAL					
Ragasa Jr, Willie P 33	Hourly 25	0000	30.00			CT	'RI
	EMPLOYEE T	DTAL	80.00				
Reyes, Rosalio 29	Visits 70	0000	15 00		_ ^		
	EMPLOYEE TO	DTAL	15.00				
Vigil Padilla, Do 72	Visits 20 Milage Reimbursement 5	0000	26 00 26 00		JA		
	EMPLOYEE TO	DTAL	52.od				

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 5 of 95 PAYROLL JOURNAL

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEI	WENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS	_		ALLOCATIONS
COMPANY TOTALS 18 Person(s) 21 Transaction(s)	Admissions/Recert Hourly Visits Holiday Vacation Milage Reimbursement COMPANY TOTAL	8.0c 224.0c 197.0c 16.0c 37.0c 481.0c	R		_ ^	\sim	
(IC) = Independent Contractor							

PAYCHEX"

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN) ID

GARNISHMENT TYPE

CASE NUMBER

ADDITIONAL NUMBER

RECIPIENT NAME RECIPIENT SSN

PLAINTIFF NAME

*** GARNISHMENT *** **AMOUNT AGENCY** PAYROLL

FEE

CHECK DATE

>> DAYCHEY WILL MAKE THIS DAYMENT(S) ON VOLID BEHALE <<

H, I) A H, I) A

EMPLOYEE NAME	HOURS, EAR	NINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF Abieia, Kristine 86	Admissions/Recert Visits	90 0000 40 0000	6.00 10.00	R	E	DA	CT	ED
	EMPLOYE	E TOTAL	16.00					
Abiera, Wilma 81	Admissions/Recert Visits EMPLOYEI	90 0000 50 0000 F TOTAL	1.00 6,00 7.00	D				
Abucejo, Irish 87	Admissions/Recert Visits EMPLOYEI	90:0000 45:0000	1.00 8.00	K		JA	CT	
Avedillo, Teresit 59	Admissions/Recert Visits EMPLOYEI	90 0000 60 0000	1,00 2,00	D	ות		CT	
Diaz, Veronica 63	Hourly Sick	15,0000 15,0000	72,00 8.00	1/	ע ,	JA		עש
	EMPLOYE	E TOTAL	80.00					
Domapias, Elizabe 8	Hourly EMPLOYEI	17.0000 F. TOTAL	80.00	R		DA	CT	
Estepa, Mamerlita 23	Admissions/Recert Visits	90,0000	3.00 8.00					
Estepa, Meneleo 24	Visits	E TOTAL 60 0000	11.00 6.00					
	EMPLOYE	E TOTAL	6.00			0.6.1	11, 15/16	

0070 1705-4170 Rehab Med-Care LLC Run Date 01/11/19 10:38 AM

01/01/19 - 01/15/19 01/15/19 Period Start - End Date Check Date

EMPLOYEE NAME	HOURS, EA	RNINGS, I	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)								
Jamoralin, Leilni 85	Admissions/Recert Visits	90 0000 50 0000	2.00 5.00	R	H	JA) H), I)
	EMPLOYE	E TOTAL	7.00					
Lockett, Teresa 19	Visits Milage Reimburseme		13.00 4.00					
	EMPLOYE	E TOTAL	17.00		'		1	'
Madueke, Ifeanyi P 50	Visits FMPL OYE	20 0000 EE TOTAL	6.00 6 .00	$oldsymbol{\Lambda}$		JA	CT	
Maduka, Lucy O	Admissions/Recert	90 0000	3.00					
21	Visits Milage Reimburseme		8.00 2.00					
Nsowah, Kwadwo	Visits	60 0000	13.00 5.00	K				
42	EMPLOYE	EE TOTAL	5.0C					
Ragasa, Willie R	Salary			D			CT	
	EMPLOYE	E TOTAL						
Ragasa Jr, Willie P 33	Hourly	25 0000	80.00					
	EMPLOY	E TOTAL	90.08					
Reyes, Rosalio 29	Visits	70 0000	20 00					
	EMPLOYE	EE TOTAL	20.00					

EMPLOYEE NAME	HOURS, EARNIN	NGS, RI	EIMBURSEI	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION I	RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
**** 100 STAFF (cont.)				D				
Vigil Padilla, Do 72	Milage Reimbursement 5		26.00 26.00	I			CT	
Y N	EMPLOYEE T		52.00	-				
Yap, Nova L 27		0000 0000 OTAL	1:00 3:00 4.00	D				
COMPANY TOTALS 18 Person(s) 18 Transaction(s)	Admissions/Recert Hourly Salary		18.00 232.00	K		JA	CT	
	Visits Sick Milage Reimbursement COMPANY TOTAL		126.00 8.00 32.00 416.00	R		DA	CT	ED
(IC) = independent Contractor								

0070 1705-4170 Rehab N	Med-Care LLC						
EMPLOYEE NAME	HOURS, EARNINGS	REIMBURSE	MENTS & OTHER	RPAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
מו	DESCRIPTION RATE	HOURS	EARNINGS :	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF							
Abieia, Kristine 86	Admissions/Recert 90 000 Visits 40 000 Milage Reimbursement40 000	0 21 00	K	H)	DA		i H) D
	EMPLOYEE TOTA	L 33.00					
Abucejo, Irish 87	Admissions/Recert 90 000 Visits 45 000	-1					
	EMPLOYEE TOTA	L 7.00		' '		11	'
Diaz, Veronica 63	Hourly 15 000 Sick 15 000	1 1	$\mathbf{\Lambda}$		DA		
	EMPLOYEE TOTA	L 80.00					
Domapias, Elizabe B	Hourly 17 000	0 80:00	D		DA		
·	EMPLOYEE TOTA	L 80.00		7,			
Estepa, Mamerlita 23	Admissions/Recert 90,000 Visits 60,000	_,					
	EMPLOYEE TOTA						
Estepa, Meneleo 24	Admissions/Recert 90,000 Visits 60,000	1 : 1	R	H',	DA	"	' H', I
	EMPLOYEE TOTA	7.00					
Lockett, Teresa 19	Visits 20 000 Milage Reimbursement 7 000	1					
	EMPLOYEE TOTA	L 17.00					
Madueke, Ifeanyi P 50	Visits 20 000	0 9 00					
	EMPLOYEE TOTA	년 9 .0d					

1070 1705-4170 Rehab Med-Care LLC Run Date 02/26/19 11:48 AM

Period Start - End Date 02/16/19 -Check Date 02/28/19 Dayroll 2/28/19

Payroll Journal Page 1 of 3 PYRJRN

EMPLOYEE NAME	HOURS, EARN	lings, i	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)								
Maduka, Lucy O 21	Admissions/Recert Visits Milage Reimbursement	90 0000 60 0000 10 0000	10,00	K	H)	DA		i Kill
	EMPLOYEE	TOTAL	14.00					
Nsowah, Kwadwo 42	Admissions/Recert Visits	90 0000 60 0000						
	EMPLOYEE	TOTAL	4.00		' '			י עי
Ragasa, Willie R 32	Salary					UA		
	EMPLOYEE	TOTAL		-				
Ragasa Jr, Willie P 33	Hourly	25 0000	80.00					
	EMPLOYEE	TOTAL	80.00				4.	
Reyes, Rosalio	Visits	70 0000	19 00		ן ע	UA		
	EMPLOYEE	TOTAL	19.00				\sim	
/igil Padilla, Do ⁷ 2	Visits Milage Reimbursemen	20 0000 t 5 0000		D				רויעי
	EMPLOYEE	TOTAL	64.00		1/			1,
∕ap, Nova L ?7	Admissions/Recert Visits	90 0000 90 0000						
	EMPLOYEE	TOTAL	3.00	=				
OMPANY TOTALS 15 Person(s) 15 Transaction(s)	Admissions/Recert Hourly Salary Visits		20.00 224.00 135.00	į	: 1	į	;	:
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Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 12 of 95 **PAYROLL JOURNAL**

EMPLOYEE NAME	HOURS, EAR	NINGS,	REIMBURSEN	IENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	Sick Milage Reimbursemer		16.00 40.00	D	ות			
	COMPANY TO	TAL	435.00		رالال	UA		
IC) = Independent Contractor								
				•				

PAYCHEX

GARNISHMENT PAYMENT SERVICE CONFIRMATION

1070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN)

GARNISHMENT TYPE

CASE NUMBER

ADDITIONAL NUMBER

RECIPIENT NAME RECIPIENT SSN

PLAINTIFF NAME

AMOUNT

*** GARNISHMENT *** **AGENCY PAYROLL**

FEE **CHECK DATE**

-- DAVOUEV WILL MAKE THE DAVMENTO, ON VOLID BEHALF

ed-Care LLC							
HOURS, EAR	NINGS, F	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
DESCRIPTION	DATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
DESCRIPTION	RATE :	:		PAYMENTS			
Admissions/Recert	90 0000						
	: 1	25.00		1/			
EMPLOYEE	TOTAL	30.00					
1		7 00					
EMPLOYEE	TOTAL	po.8		' '			יעיי
Hourly	15 0000	56:00					
		24 00					
EMPI OVEE	TOTAL	90.00					
1 .		40:00 40:00					
EMPLOYEE	TOTAL	80.00		' /			'
Admissions/Recert	90,0000	3 00					
Visits	60:0000	17:00					
EMPLOYEE	TOTAL	20.00					
Admissions/Poport	00.0000			' '		1	'
Visits	60 0000	5:00					
EMPLOYEE	TOTAL	6.00					
Visits	20 0000	13.00					
Milage Reimbursemen	t 7 0000	4.00					
EMPLOYEE	TOTAL	17.00					
Visits	20 0000	6.00					
EMPLOYEE	TOTAL	6.00					
	HOURS, EARN DESCRIPTION Admissions/Recert Visits Milage Reimbursement EMPLOYEE Admissions/Recert Visits EMPLOYEE Hourly Holiday EMPLOYEE Admissions/Recert Visits EMPLOYEE Admissions/Recert Visits EMPLOYEE Admissions/Recert Visits EMPLOYEE Visits EMPLOYEE Visits EMPLOYEE Visits Milage Reimbursemen EMPLOYEE	Admissions/Recert 90 0000 Visits 40 0000 Milage Reimbursement 5 0000 EMPLOYEE TOTAL Admissions/Recert 90 0000 Visits 45 0000 EMPLOYEE TOTAL Hourly 15 0000 Holiday 15 0000 EMPLOYEE TOTAL Hourly 17 0000 EMPLOYEE TOTAL Admissions/Recert 90 0000 Visits 60 0000 EMPLOYEE TOTAL Visits 20 0000 Milage Reimbursement 7 00000 EMPLOYEE TOTAL	HOURS, EARNINGS, REIMBURSEN	HOURS, EARNINGS, REIMBURSEMENTS & OTHE	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS DESCRIPTION RATE HOURS EARNINGS REIMB & OTHER PAYMENTS REI	HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS DESCRIPTION RATE HOURS EARNINGS REIMB & OTHER PAYMENTS REI

0070 1705-4170 Rehab Med-Care LLC Run Date 02/13/19 02:56 PM

Period Start - End Date Check Date

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02/01/19 - 02/15/1 02/15/19

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Payroll Journal Page 1 of 3 PYRJRN

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)							
Maduka, Lucy O 21	Admissions/Recert 90.0000 Visits 60.0000 Milage Reimbursement 5.0000	7,00	K	H;	DA		
	EMPLOYEE TOTAL	11.00					
Vsowah, Kwadwo 42	Visits 60 0000	5.00				\sim	
	EMPLOYEE TOTAL	5.0d					י אור
Ragasa, Willie R 32	Hourly		K	H _J	JA		
	EMPLOYEE TOTAL						
Ragasa Jr, Willie P	Hourly 25 0000	80 00					
	EMPLOYEE TOTAL	80.00		H'			', ∀,
Reyes, Rosalio 29	Visits 70 0000	16 00	11	עש נ	UA		
	EMPLOYEE TOTAL	16.00					
Vigil Padilla, Do 72	Visits 20 0000 Milage Reimbursement 5 0000						רוילוי
	EMPLOYEE TOTAL	64.00		1			
Yap, Nova L 27	Visits 60.0000						
COMPANY TOTALS 15 Person(s) 15 Transaction(s)	EMPLOYEE TOTAL Admissions/Recert Hourly Visits Holiday	12.00 176.00 135.00 24.00	=				

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 16 of 95 PAYROLL JOURNAL

0070 1705-4170 Rehab Med-Care LLC

EMPLOYEE NAME	HOURS, EARNINGS, I	REIMBURSEMI	ENTS & OTHEI	RPAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID .	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
	Vacation Milage Reimbursement	40.00 38.00					
	COMPANY TOTAL	425.00 •	K		UA		
IC) = Independent Contractor							

Check Date

PAYCHEX'

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME *** GARNISHMENT *** SOCIAL SECURITY # (SSN) GARNISHMENT **CASE NUMBER** ADDITIONAL RECIPIENT NAME PLAINTIFF NAME **AMOUNT AGENCY** PAYROLL ID TYPE NUMBER RECIPIENT SSN FEE CHECK DATE

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

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EMPLOYEE NAME	HOURS, EARNING	S, REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RA	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF							
Abieia, Kristine 86	Admissions/Recert 90.0 Visits 40.0 Milage Reimbursement 5.0	000 31.00	K		JA	CI	
	EMPLOYEE TO	TAL 37.00					
Abucejo, Irish 87	Visits 45.0		D				
Diaz, Veronica 63	Hourly 15 0 Sick 15 0	000 72 00	K		JA	CT	
	EMPLOYEE TO	FAL 80.00				\sim	
Domapias, Elizabe 8	Hourly 17 0 Holiday 17 0 Vacation 17 0	000 16.00 000 16.00	R				
Estepa, Mamerlita 23	Visits 60.0 Visits 90.0	000 7,00					
	EMPLOYEE TO	TAL 9.00					
Estepa, Meneleo 24	Visits 60.0 Visits 90.0		K	Н,	JA	CT	H,
	EMPLOYEE TO	TAL 6.00					
Lockett, Teresa 19	Visits 20 0 Milage Reimbursement 7 0						
	EMPLOYEE TO	TAL 18.00	-				
Madueke, Ifeanyi P 50	Visits 20.0	000 6.00					
	EMPLOYEE TO	TAL 6.00					
					^ -	1/3/20/16	

0070 1705-4170 Rehab Med-Care LLC Run Date 03/26/19 03:57 PM

Period Start - End Date 03/16/19 - 03/31/19 Check Date 03/29/19 Dayrol/3/30/19

EMPLOYEE NAME	HOURS, EAR	NINGS, F	REIMBURSEN	IENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
D	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
*** 100 STAFF (cont.)								
Maduka, Lucy O 1	Visits Visits Milage Reimbursemen	60 0000 90 0000 t 5 0000	12.00 1,00 3.00	K		JA		
	EMPLOYEE	TOTAL	16.00					
lsowah, Kwadwo 2	Visits	60.0000	5.00	D			C	
	EMPLOYEE	TOTAL	5.00					
leyes, Rosalio 9	Visits	70,0000	8,00					
	EMPLOYEE	TOTAL	9.00					
igil Padilla, Do 2	Visits Milage Reimbursemen	20 0000 t10 0000	30.00 30.00	K	H)	JA		(H)
	EMPLOYEE	TOTAL	60.00					
ap, Nova L 7	Visits	60 0000	2 00					
	EMPLOYEE	TOTAL	2.00		□ ' □		1	
OMPANY TOTALS 3 Person(s)	Admissions/Recert		4.00					
3 Transaction(s)	Hourly Visits		120.00 128.00					
	Holiday Sick		16.00 8.00					
	Vacation Milage Reimbursemen	t	16.00 39.00					
	COMPANY TO	TAL	331.00	K	H	JA		
					:		I	11

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 20 of 95 **PAYROLL JOURNAL**

EMPLOYEE NAME	HOURS, EAR	RNINGS, F	REIMBURSE	MENTS & OTHER	RPAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	DESCRIPTION	:	:			CTE		
				KK	JA			
IC) = Independent Contractor								
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ļ								

PAYCHEX'

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN)

GARNISHMENT TYPE CASE NUMBER

ADDITIONAL NUMBER RECIPIENT NAME

PLAINTIFF NAME

*** GARNISHMENT ***
AMOUNT AGENCY PAY

GENCY PAYROLL FEE CHECK DATE

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

EMPLOYEE NAME	н	OURS, EARN	NGS, F	REIMBURSEN	IENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID		RIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF									:
Abieia, Kristine 86	Admissio Visits Lab	4	0000	9.00 39.00 2.00	R	\mathbf{H}'			, ETD
		EMPLOYEE		50.00					
Abucejo, Irish 87	Visits	4	5 0000	7 00				\sim	
		EMPLOYEE	TOTAL	7.00					ר ה ו
<mark>Diaz, Veronica</mark> 63	Hourly	1	5 0000	40.00	K		JA		
		CHECK 1	TOTAL	40.00					
	Hourly		5.0000	80.00	D		DA	CT	
		CHECK 2	TOTAL	80.00		ע ע	UA		עשע
		EMPLOYEE	TOTAL	120.00			_		
Domapias, Elizabe 8	Hourly Holiday		7 0000 7 0000	64 00 16 00	D			CT	
		EMPLOYEE	TOTAL	80.00					
Estepa, Mamerlita 23	Visits		0000	9.00					
		EMPLOYEE	TOTAL	9.00					
Estepa, Meneleo 24	Visits	€	0000	6.00					
		EMPLOYEE	TOTAL	6.00	:	; !	:	1 1	
								11/2/15/19	

0070 1705-4170 Rehab Med-Care LLC Run Date 03/13/19 12:24 PM

Period Start - End Date 03/01/19 - 03/15/19 Check Date 03/15/19 payrel 3/15/19

EMPLOYEE NAME	HOURS, EAR	NINGS, I	REIMBURSEN	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)								
Lockett, Teresa 19	Visits Milage Reimbursemer	20 0000 nt 7 0000	7 00 2 00	K	IK).			
	EMPLOYE	E TOTAL	9.00					
Madueke, Ifeanyi P 50	Visits	20 0000	6 00					
	EMPLOYE	TOTAL	6.00					
Maduka, Lucy O 21	Admissions/Recert Visits Milage Reimbursemer	90 0000 60 0000 nt 5 0000	3.00 5.00 1.00	K		JA		
	EMPLOYE	E TOTAL	9.00					
Nsowah, Kwadwo 42	Visits	60 0000	8.00					
	EMPLOYE	E TOTAL	8.00					
Ragasa, Willie R 32	Salary			1/			CT	
	EMPLOYE	E TOTAL						
Ragasa Jr, Willie P 33	Hourly	25,0000	80.00	D			CT	RD
	EMPLOYE	E TOTAL	80.00					
Reyes, Rosalio 29	Visits	70 0000	12.00					
	EMPLOYE	E TOTAL	12.00					
Tran, Lang 88	Visits	60 0000	8 00	R	IK'.			
	EMPLOYE	E TOTAL	8.00					
Vigil Padilla, Do 72	Visits Milage Reimburseme	20 0000 nt 5 0000	30.00 30.00	:	1 : 1	:	1	I :

EMPLOYEE NAME	HOURS, EAR	NINGS,	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Vigil Padilla, Dora (cont.) 72	EMPLOYE	E TOTAL	60.00	R	R	DA	CT	RD
Yap, Nova L 27	Admissions/Recert Visits EMPLOYE	90 0000 60 0000 E TOTAL						
COMPANY TOTALS 16 Person(s) 17 Transaction(s)	Admissions/Recert Hourly Salary Visits Holiday Lab Milage Reimbursement COMPANY TO		14.00 264.00 138.00 16.00 2.00 33.00 467.00			_ ^	CT	
(IC) ≈ Independent Contractor								

PAYCHEX

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME *** GARNISHMENT *** **AMOUNT AGENCY** SOCIAL SECURITY # (SSN) GARNISHMENT **CASE NUMBER** ADDITIONAL RECIPIENT NAME PLAINTIFF NAME PAYROLL TYPE NUMBER RECIPIENT SSN FEE **CHECK DATE** ID

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

00/0 1/05-41/0 Renab Me	d-Care LLC							
EMPLOYEE NAME	HOURS, EAR	IINGS, F	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
מו			HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	DESCRIPTION	RATE			PAYMENTS			
					. 1		' <u> </u>	1
**** 100 STAFF								
Abieia, Kristine	Visits	40.0000	26.00					
36		90,0000	6.00					
	Milage Reimbursement	5 0000	3 00					
	EMPLOYEE	TOTAL	35.00					
Abucejo, Irish	Visits	45 0000	2.00					
37								
	EMPLOYEE	TOTAL	2.00	R	' '			'
Diaz, Veronica	Hourly	15 0000	72.00					
33								
	EMPLOYEE	TOTAL	72.00					
Domapias, Elizabe		17 0000	72.00					
3	Vacation	17,0000	8,00		, , , , , , , , , , , , , , , , , , ,		11	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
	EMPLOYEE	TOTAL	80.0g					
	ENFLOTEE	TOTAL	80.00					
Estepa, Mamerlita ?3	Visits Visits	90,0000	7,00 2,00					
:3								
	EMPLOYEE	TOTAL	9.00					
Estepa, Meneleo	Visits	60 0000	9.00 1.00				11	1 1
<u>?</u> 4	Visits	90,0000	1:00					
	EMPLOYEE	TOTAL	10.00		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			HD
₋ockett, Teresa	Visits	20 0000	10 00					
19	Milage Reimbursemen	7 0000	4.00					
	EMPLOYEE	TOTAL	14.00					
/ladueke, Ifeanyi P	Visits	20 0000	6,00					
30								
	EMPLOYEE	TOTAL	6.00					

1070 1705-4170 Rehab Med-Care LLC Run Date 04/26/19 11:32 AM

Period Start - End Date 04/16/19 - 04/30/19
Check Date 04/30/19

payroll 4/30/19

Payroll Journal Page 1 of 3 PYRJRN

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEN	IENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)							
Maduka, Lucy O 21	Visits 60 0000 Visits 90 0000 Milage Reimbursement 5 0000	2,00 8.00	K		JA		
Ragasa, Kassandra 55	Hourly 12:5000	23.00 26.00					
	EMPLOYEE TOTAL	26.00		7		1	' ' ' ' ' '
Ragasa, Willie R	Salary			ש	UA		
	EMPLOYEE TOTAL						
Ragasa Jr, Willie P 33	Hourly 25,0000		P			CT	
Reyes, Rosalio	Visits 70,0000	6,00	11	ן ש			
	EMPLOYEE TOTAL	d.00					
/igil Padilla, Do '2	Visits 20,0000 Milage Reimbursement 10,0000	28.00	R	H'			, H, I
ſap, Nova L	EMPLOYEE TOTAL Visits 60,0000	66.00 3,00					
27	EMPLOYEE TOTAL	3.00					
COMPANY TOTALS '5 Person(s) '5 Transaction(s)	Hourly Salary Visits	250.00 121.00			·		:

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 28 of 95 PAYROLL JOURNAL

0070 1705-4170 Rehab Med-Care LLC

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEMENTS & O	THER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
סו	DESCRIPTION RATE	HOURS EARNIN				ALLOCATIONS
	Vacation Milage Reimbursement	8.00 53.00				
	COMPANY TOTAL	432.00		JA		
IC) = Independent Contractor						
٠						

Check Date

PAYCHEX'

GARNISHMENT PAYMENT SERVICE CONFIRMATION

3070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN) ID

GARNISHMENT TYPE

CASE NUMBER

ADDITIONAL NUMBER

RECIPIENT NAME RECIPIENT SSN

PLAINTIFF NAME

*** GARNISHMENT *** AMOUNT **AGENCY**

FEE

PAYROLL CHECK DATE

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

H, I) A

Garnishment Payment Service Confirmation Page 1 of 1 GPSCONFIRM

EMPLOYEE NAME	HOURS, EARN	INGS, F	REIMBURSEN	MENTS & OTHE	RPAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
1D	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF				D				
Abieia, Kristine 86	Visits 2	90 0000 40 0000 10 0000	6 00 26 00 2 00	K		UA	CI	
Abordin Islah	EMPLOYEE		34.00			_		
Abucejo, Irish 87	Visits 2	15:0000 TOTAL	4.00 4.00	D	ות		CT	תתי
Diaz, Veronica 63		15 0000 15 0000	64 00 16 00	1/	, ע	UA		
	CHECK 1	TOTAL	80.00					
	Hourly	15.0000	40 00	R	\mathbb{R}^{n}		CT	'
	CHECK 2		40.00	1/				
Domapias, Elizabe	EMPLOYEE	17:0000	120.00 40.00					
8		17 0000	40,00 80.00	K	H'			' H)
Estepa, Mamerlita 23	Admissions/Recert 9	90.0000	1 00 8 00					
	EMPLOYEE	TOTAL	9.00					
Estepa, Meneleo 24	Visits	90.0000 60.0000	1 00 3 00	K	H',			'K',
Lackett Tarrer	EMPLOYEE		4.00	17				
Lockett, Teresa 19	Visits 2 Milage Reimbursement	7 0000	14.00 6.00					

0070 1705-4170 Rehab Med-Care LLC Run Date 04/10/19 04:13 PM

Period Start - End Date 04/01/19 - 04/15/19 Check Date 04/15/19 payrel 4/15/19

EMPLOYEE NAME	HOURS, EARNINGS	, REIMBURSEI	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RAT	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		22200110110	ALLOCATIONS
**** 100 STAFF (cont.) Lockett, Teresa (cont.) 19			D	E		CT	
	EMPLOYEE TOTA	AL 20.00					
Madueke, Ifeanyi P 50	Visits 20:000	6 00					
	EMPLOYEE TOTA	6.00					
Maduka, Lucy O 21	Admissions/Recert 90 000 Visits 60 000 Lab 10 000 Milage Reimbursement 5 000	00 12,00 00 1.00	R	H)A		'H ,)
	EMPLOYEE TOTA	L 26.00					
Nsowah, Kwadwo 42	Visits 60,000	2 00					
	EMPLOYEE TOTA	L 2.00		1 7 1		11	יעיי
Ragasa, Willie R 32	Salary EMPLOYEE TOTA		K		JA	CI	
Ragasa Jr, Willie P	Hourly 25 000						
	EMPLOYEE TOTA	L 80.00					H, I
Reyes, Rosalio 29	Visits 70,000	4,00					
	EMPLOYEE TOTA	AL 4.00					
Vigil Padilla, Do 72	Visits 20 000 Lab 10 000 Milage Reimbursement 5 000	28:00					
	EMPLOYEE TOTA	L 58.00					

EMPLOYEE NAME	HOURS, EAR	RNINGS, I	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)								
Yap, Nova L 27	Visits	60 0000	2 00	K	H'			i Ki D
	EMPLOYE	E TOTAL	2.00					
COMPANY TOTALS								
15 Person(s) 16 Transaction(s)	Admissions/Recert Hourly Salary		13.00 224.00					
	Visits Sick Vacation Lab		109.00 16.00 40.00 31.00	K	H ,	I J A		
	Milage Reimburseme	ent	14.00					
	COMPANY TO	DTAL	447.00					
	!			D	ותו			
				K		DA		
(IC) = Independent Contractor								
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PAYCHEX"

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN) ID

GARNISHMENT TYPE CASE NUMBER

ADDITIONAL NUMBER RECIPIENT NAME RECIPIENT SSN PLAINTIFF NAME

*** GARNISHMENT ***
AMOUNT AGENCY PAY

AGENCY I

PAYROLL CHECK DATE

S DAVOLLEY MILL MAKE THE DAVMENTOLON VOLID DELINE H, I) A H, I) A

EMPLOYEE NAME	HOURS, EAI	RNINGS, F	REIMBURSEI	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF								
Abieia, Kristine 86	Admissions/Recert Visits Lab	90 0000 40 0000 10 0000	6 00 23 00 3 00	K		JA	CI	L U
Abucejo, Irish 87	Admissions/Recert Visits	90.0000 45.0000	32.00 1.00 6.00					
Avedillo, Teresit	Visits	E TOTAL 60:0000	7.00 2.00	K		UA	CI	L U
	EMPLOYE	E TOTAL	2.00	_				
Comple, Alan 77	Admissions/Recert	90 0000	3.00 3.00	D				
	EMPLOYE			K	17 ,			
Diaz, Veronica 63	Hourly Holiday Vacation	15,0000 15,0000 15,0000	32,00 8,00 40,00					
	CHECK	(1 T OTAL	80.00					
	Hourly	15 0000	40 00	R	H'			'H'.
		(2 TO T AL	4d.0d					
	EMPLOYE	E TOTAL	120.00					
Domapias, Elizabe 8	Hourly Vacation	17,0000 17,0000	64,00 16.00	R	H,	DA		' H')
		E TOTAL	80.0d					
Estepa, Mamerlita 23	Admissions/Recert Visits	90.0000 60.0000		!		. 1	1/1/2/1/2] i

0070 1705-4170 Rehab Med-Care LLC Run Date 05/30/19 12:52 PM

Period Start - End Date Check Date 05/16/19 - 05/31/19 05/31/19 Dayrel/ 5/31/19

Payroll Journal Page 1 of 4 PYRJRN

EMPLOYEE NAME ID	HOURS, EARNINGS	, REIMBURSE	MENTS & OTHER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS
	DESCRIPTION RAT	HOURS	EARNINGS REIMB & OTHER PAYMENTS	2		
**** 100 STAFF (cont.) Estepa, Mamerlita (cont.) 23				DA		
	EMPLOYEE TOTA	AL 9.00				
Estepa, Meneleo 24	Admissions/Recert 90 00 Visits 60 00					
	EMPLOYEE TOTA	AL 6.00				
Lockett, Teresa 19	Visits 20 00		DIM	DA		רותי
Madueke, Ifeanyi P 50	Visits 21 00			UA		
	EMPLOYEE TOTA	AL 6.00				
Maduka, Lucy O 21	Admissions/Recert 90 00 Visits 60 00 Milage Reimbursement 5 00	00 15 00	BE	DA		
	EMPLOYEE TOTA	AL 27.00				
Martinez, Joe M 17	Visits 34 00	00 8 00				
	EMPLOYEE TOT	AL 8.00				
Nguyen, Jeannie 91	Visits 50 00		K K,	DA		H_{A}
	EMPLOYEE TOT	AL 2.00				
Nsowah, Kwadwo 42	Admissions/Recert 90 00 Visits 60 00					
	EMPLOYEE TOT	AL 2.00	-			
Pedroso, Mary J 89	Visits 50 00					
•	EMPLOYEE TOT	AL 6.00	: 1	1 :	1 :	1 :

EMPLOYEE NAME	HOURS, EAR	NINGS, F	REIMBURSEM	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER		DEDOCTIONS	ALLOCATIONS
**** 400 STAFF ()								
**** 100 STAFF (cont.)					' ' '		11	' / '
Ragasa, Willie R 32	Salary							' H),
	CHECK	1 TOTAL		7/				
	Salary					_		
	Galary							
	CHECK	2 TOTAL						
	EMPLOYEE	TOTAL						
Ragasa Jr, Willie P	Hourly	25 0000	80.00					
33								
	CHECK	1 TOTAL	80.00		' '			' H)
	Hourly	25 0000	80.00		1/			
	CHECK	2 TOTAL	80.00			_ ^	\sim	
	EMPLOYEE	TOTAL	160.00					
Reyes, Rosalio	Visits	70 0000	5:00	K	.			
29				T/				
	EMPLOYE	TOTAL	5.00					
Vigil Padilla, Do	Visits	20 0000	28 00					
72	Lab Milage Reimbursemer	10 0000 nt 5 0000	28 00		.		11	, 1 4 , 1
	EMPLOYE	TOTAL	56.00		1,			
Wilson, Joyce 90	Visits	20 0000	4.00					
3 0				i		1		ı :
	I	:	;	:	: 1	ŧ	1	1

EMPLOYEE NAME	HOURS, EAI	RNINGS, I	REIMBURSEN	TENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
**** 100 STAFF (cont.) Wilson, Joyce (cont.) 90	EMPLOYE	EE TOTAL	4.00	R		DA		
Yap, Nova L 27	Admissions/Recert	90 0000 EE TOTAL	1.00					
COMPANY TOTALS 21 Person(s) 24 Transaction(s)	Admissions/Recert Hourly Salary Visits Holiday Vacation Lab Milage Reimburseme		20.00 296.00 126.00 8.00 56.00 31.00 8.00					
(IC) = Independent Contractor								

PAYCHEX'

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN) ID

GARNISHMENT

CASE NUMBER

ADDITIONAL NUMBER RECIPIENT NAME

PLAINTIFF NAME

*** GARNISHMENT ***
AMOUNT AGENCY PAY

AGENCY PAYROLL FEE CHECK DATE

EMPLOYEE NAME	HOURS, EARNING	SS, REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RA	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF							
Abieia, Kristine 86	Admissions/Recert 90.0 Visits 40.0 Milage Reimbursement 10.0	0000 22,00	K		JA		
	EMPLOYEE TO	TAL 32.00					
Abucejo, Irish 87	Visits 45.0	0000 6.00					
	EMPLOYEE TO	TAL 6.0d				***	
Diaz, Veronica 63	Hourly 15 0	000 80 00	1/		JA		
	EMPLOYEE TO	TAL 80.00					
Domapias, Elizabe 8	Hourly 17.0 Bereavement 17.0		D			CT	
	EMPLOYEE TO	TAL 80.00		7,			
Estepa, Mamerlita 23	Visits 60.0	9:00					
	EMPLOYEE TO	TAL 9.00					
Estepa, Meneleo 24	Visits 60.0	0000 6.00	K	H			1 K), D
	EMPLOYEE TO	TAL 6.00					
Lockett, Teresa 19	Visits 20.0	0000 8 00					
	EMPLOYEE TO	TAL 8.00					
Madueke, Ifeanyi P 50	Visits 21.0	0000 6.00					
	EMPLOYEE TO	TAL 6.0d					
					0.4.4	LI CICIA	

0070 1705-4170 Rehab Med-Care LLC Run Date 05/13/19 12:34 PM

Period Start - End Date Check Date

05/01/19 - 05/15/19 05/15/19 paynel 3/15/19

EMPLOYEE NAME	HOURS, EARNIN	IGS, REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID		HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)							
Maduka, Lucy O 21		0000 2 00 0000 15,00 0000 10.00	K	H'	JA		
	EMPLOYEE T	OTAL 27.00					
Pedroso, Mary J 89	Milage Reimbursement 5	1 1 1 1					
	EMPLOYEE T	OTAL 3.00					
Ragasa, Willie R 32	Salary					CT	
	EMPLOYEE T	OTAL					
Ragasa Jr, Willie P 33	Hourly 25	0000 80 00					
	EMPLOYEE T	OTAL 80.00					H, H
Reyes, Rosalio 29		0000 4.00	1/			CT	ענשנ
	EMPLOYEE T	OTAL 4.00					
Vigil Padilla, Do 72		0000 28.00	R			CT	
	EMPLOYEE T	OTAL 56.00					
Wilson, Joyce 90	Visits 20	0000 1.00 DTAL 1.00					
Yap, Nova L 27		0000 200					
	EMPLOYEE T	OTAL 2.00					

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 41 of 95 PAYROLL JOURNAL

EMPLOYEE NAME	HOURS, EARNING	S, REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RA	HOURS TE	EARNINGS	REIMB & OTHER PAYMENTS	;		ALLOCATIONS
COMPANY TOTALS							
16 Person(s) 16 Transaction(s)	Admissions/Recert Hourly Salary Visits Bereavement Milage Reimbursement COMPANY TOTAL	10.00 224.00 109.00 16.00 41.00	R		DA	CT	
			R		DA	CT	
IC) = Independent Contractor							

PAYCHEX'

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

ΕN	IPLOYEE NAME						***	GARNISHME	ENT ***
sc	CIAL SECURITY # (SSN)	GARNISHMENT	CASE NUMBER	ADDITIONAL	RECIPIENT NAME	PLAINTIFF NAME	AMOUNT	AGENCY	PAYROLL
ID		TYPE		NUMBER	RECIPIENT SSN			FEE	CHECK DATE
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>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

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PAYCHEX'

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME						***	GARNISHM	ENT ***
SOCIAL SECURITY # (SSN)	GARNISHMENT TYPE	CASE NUMBER	ADDITIONAL NUMBER	RECIPIENT NAME RECIPIENT SSN	PLAINTIFF NAME	AMOUNT	AGENCY FEE	PAYROLL CHECK DATE
								

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

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EMPLOYEE NAME	HOURS, EAR	NINGS, F	REIMBURSEN	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF								
Abucejo, Irish 87	Admissions/Recert Visits	90 0000 45 0000	3 00 9 00	R	H'			' H'.
	EMPLOYE	E TOTAL	12.00					
Avedillo, Teresit 59	Admissions/Recert Visits	90 0000	1 00 7 00					
	EMPLOYE	E TOTAL	8.00					
Comple, Alan 77	Admissions/Recert	90,0000	2.00	K	\mathbf{H}			
	EMPLOYE	E TOTAL	2.00					
Diaz, Veronica 63	Hourly Holiday	15 0000 15 0000	72.00 8.00				\sim	
	EMPLOYE	E TOTAL	80.00					
Digamon, Memia H 92	Visits	45,0000	6,00	K		UA	CT	
	EMPLOYE	E TOTAL	6.00					
Domapias, Elizabe 8	Hourly Vacation	17 0000 1 7 0000	72.00 8.00					
	EMPLOYE	E TOTAL	80.00	K				H
Estepa, Mamerlita 23	Admissions/Recert Visits	90,0000 60,0000	2,00 4.00	1/	ן ש			ענשנ
	EMPLOYE	E TOTAL	6.00					
Estepa, Meneleo 24	Admissions/Recert Visits	90 0000 90 0000	2 00 4 00					
	EMPLOYE	E TOTAL	6.00					

0070 1705-4170 Rehab Med-Care LLC Run Date 06/27/19 10:47 AM

Madueke, Ifeanyi P

Visits

Period Start - End Date 06/16/19 - 06/30/19 Check Date 06/28/19

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6 00

21:0000

payrel 6/30/19

Payroll Journal Page 1 of 4 PYRJRN

EMPLOYEE NAME	HOURS, EARNIN	IGS, R	EIMBURSEM	ENTS & OTHEI	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION R	LATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Madueke, Ifeanyi P (cont.) 50				D			СТ	רותי
	EMPLOYEE TO	OTAL	6.00		1			
Maduka, Lucy O 21	1	0000 0000 0000	1,00 14,00 7,00					
	EMPLOYEE TO	DTAL	22.00					
Martinez, Joe M 17	Hourly 15	0000	12,00	K	H)	DA		i H)
	EMPLOYEE TO	DTAL	12.00					
Nguyen, Jeannie 91		0000	5.00 1.00					
	EMPLOYEE T	OTAL	6.00				1	
Ragasa, Kassandra 55	Hourly 12	5000	54 00	1/	, ע	UA		
	EMPLOYEE T	OTAL	54.00					
Ragasa, Willie R 32	Salary			D			$\mathbf{C}\mathbf{I}$	רותי
	CHECK 1 T	DTAL						
	Salary							
	CHECK 2 T	OTAL						
	EMPLOYEE T	OTAL						
Ragasa Jr, Willie P	Hourly 25	0000	80.00					
				:	: [ŧ] :	

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		7-2-3-3-1-6-1-6	ALLOCATIONS
**** 100 STAFF (cont.) Ragasa Jr, Willie P (cont.) 33		,	D			CT	
	CHECK 1 TOTA	80.00			UA		
	Hourly 25,000	80,00					
	CHECK 2 TOTA	80.00	R			CT	
Vigil Padilla, Do	EMPLOYEE TOTA Visits 20,000		TI	رس ر			
72	Milage Reimbursement 10 000	28 00					
	EMPLOYEE TÖTA	56.00					
Wilson, Joyce 90	Visits 20 000	3 00	K	H.			
	EMPLOYEE TOTA	3.00		راک ا			
COMPANY TOTALS							
17 Person(s) 19 Transaction(s)	Admissions/Recert Hourly Salary	16.00 370.00					
	Visits Holiday	82.00 8.00 8.00				CI	. H. I
	Vacation Milage Reimbursement	9.00 35.00					
	COMPANY TOTAL	519.00					

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 47 of 95 PAYROLL JOURNAL

EMPLOYEE NAME	HOURS, EAR	NINGS, F	REIMBURSEI	VIENTS & OTHER	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
מו	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
C) = Independent Contractor								
-,								
			1					

PAYCHEX"

GARNISHMENT PAYMENT SERVICE CONFIRMATION

3070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN) ID

GARNISHMENT TYPE CASE NUMBER

ADDITIONAL NUMBER RECIPIENT NAME RECIPIENT SSN PLAINTIFF NAME

*** GARNISHMENT ***
AMOUNT AGENCY PAY

FEE

PAYROLL CHECK DATE

>> PAYCHEY WILL MAKE THIS PAYMENT(S) ON YOUR REHALE &

EMPLOYEE NAME HOURS, EARNINGS, REIMBURSEMENTS & OTHER PAYMENTS WITHHOLDINGS **DEDUCTIONS NET PAY** ID **HOURS EARNINGS REIMB & OTHER ALLOCATIONS** DESCRIPTION RATE **PAYMENTS** **** 100 STAFF EDACTE Abieia, Kristine Admissions/Recert 90:0000 1.00 86 Visits 40,0000 13,00 Lab 10,0000 1:00 EMPLOYEE TOTAL 15.00 Abucejo, Irish Admissions/Recert 90:0000 1:00 Visits REDACTE 45,0000 10,00 EMPLOYEE TOTAL 11.00 Avedillo, Teresit... Admissions/Recert 90:0000 1:00 59 Visits 60:0000 EMPLOYEE TOTAL 4.00 Diaz, Veronica Hourly 15,0000 64:00 EDACTR 63 EMPLOYEE TOTAL 64.00 Domapias, Elizabe... Hourly 17,0000 17:0000 Vacation EMPLOYEE TOTAL 80,00 REDACTO Estepa, Mamerlita Admissions/Recert 90:0000 1:00 23 60:0000 9:00 Visits EMPLOYEE TOTAL 10.00 Estepa, Meneleo Visits 60:0000 6,00 24 EMPLOYEE TOTAL 6.00 EDA(CER) Lockett, Teresa Visits 20:0000 9:00 19

0070 1705-4170 Rehab Med-Care LLC Run Date 06/11/19 03:10 PM

Madueke, Ifeanyi P

Visits

EMPLOYEE TOTAL

21:0000

6:00

Period Start - End Date 06/01/19 - 06/15/19 Check Date 06/14/19

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Payroll Journal Page 1 of 4 **PYRJRN**

pairel 6/15/19

EMPLOYEE NAME	HOURS, EA	RNINGS, I	REIMBURSEN	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		Jaseniske	ALLOCATIONS
**** 100 STAFF (cont.) Madueke, Ifeanyi P (cont.) 50							CT	י רו הוי
	EMPLOYI	EE TOTAL	6.00		H)			
Maduka, Lucy O 21	Admissions/Recert Visits Lab Milage Reimburseme	90 0000 60 0000 10 0000 ent 5 0000	6,00 16,00 1,00 12,00					
	EMPLOY	E TOTAL	35.00					
Ng uyen, Jeannie 91	Admissions/Recert Visits	90 0000 50 0000	3.00 5.00	K		JA		
	EMPLOYI	E TOTAL	8.00					
Nsowah, Kwadwo 42	Visits FMPLOY	60.0000 EE TOTAL	1.00 1.00					
Pedroso, Mary J 89	Visits	50 0000	8.00	K		JA		
	EMPLOYE	EE TOTAL	8.00					
Ragasa, Willie R 32	Salary	K 1 TOTAL		D				רותוי
	Salary			Λ		JA		
	CHEC	K 2 TOTAL						
	EMPLOYI	EE TOTAL						
Ragasa Jr, Willie P	Hourly	25 0000	80.00					
				i		1		

EMPLOYEE NAME	HOURS, E	ARNINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION		HOURS	EARNINGS	REIMB & OTHER PAYMENTS		2230TIONS	ALLOCATIONS
**** 100 STAFF (cont.) Ragasa Jr, Willie P (cont.) 33				D			CT	רותי
	CHE	CK 1 TOTAL	80.00					
	Hourly	25,0000	80,00					
	CHE	CK 2 TOTAL	80.00	D			CT	
	EMPLO	YEE TOTAL	160.00		1/			
Reyes, Rosalio 29	Visits	70,0000	4,00		, ,			
	EMPLO	YEE TOTAL	4.00					
Vigil Padilla, Do 72	Visits Lab	20 0000 10 0000	28 00 28 00	K	H,	IJA		\mathbf{H}
		YEE TOTAL	56.00					
Wilson, Joyce 90	Visits	20,0000 YEE TOTAL	2.00					
Yap, Nova L 27	Visits	60 0000	1 00	K	H,			i Hill
	EMPLO	YEE TOTAL	1.00					
COMPANY TOTALS								
19 Person(s) 21 Transaction(s)	Admissions/Recent Hourly Salary Visits		13.00 296.00 121.00	D			CI	רותי
	Vacation Lab		9.0d 30.0d					
	Milage Reimbursei COMPANY		12.00 480.00		1 : 1	;		

EMPLOYEE NAME	HOURS, EAR	NINGS, I	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET DAY
סו	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		BEDOCTIONS	NET PAY ALLOCATIONS
				K		JA	CT	
(IC) = Independent Contractor				-				
į								

PAYCHEX"

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN) ID

GARNISHMENT TYPE

CASE NUMBER

ADDITIONAL NUMBER RECIPIENT NAME

PLAINTIFF NAME

*** GARNISHMENT ***
AMOUNT AGENCY PAY

AGENCY

PAYROLL CHECK DATE

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

EMPLOYEE NAME	HOURS, EA	RNINGS, F	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF Abieia, Kristine 86	Admissions/Recert Visits	90.0000 40.0000	2:00 14:00	R		DA	CT	ED
	EMPLOYE	E TOTAL	16.00					
Abucejo, Irish 87	Admissions/Recert Visits	90 0000 45 0000	2.00 6.00	D			CT	
	EMPLOYE	E TOTAL	8.00					
Avedillo, Teresit 59	Admissions/Recert Visits	60 0000 90 0000	1 00 2 00					
	EMPLOYE	E TOTAL	3.00				\sim	
<mark>Diaz, Veronica</mark> 63	Hourly EMPLOY	15 0000 E TOTAL	80.00	R				
Digamon, Memia H 92	Admissions/Recert Visits	90.0000 50.0000	1 00 4 00					
	EMPLOYE	E TOTAL	5.00					
Domapias, Elizabe 8	Hourly	17 0000	80.00	K	H,	JA		H_{I}
	EMPLOYI	E TOTAL	80.00					
Estepa, Mamerlita 23	Visits	60 0000	8 00					
	EMPLOY	E TOTAL	8.00		" "		" '' " '	1
Estepa, Meneleo 24	Admissions/Recert Visits	90 0000 90 0000	1 00 6 00	11		JA	CT	
	EMPLOYI	E TOTAL	7.00					

0070 1705-4170 Rehab Med-Care LLC Run Date 07/29/19 10:28 AM

Period Start - End Date 07/16/19 - 07/31/19 Check Date

Daysell 7/31/19

Payroll Journal Page 1 of 4 PYRJRN

EMPLOYEE NAME	HOURS, EAR	RNINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.)								
Lockett, Teresa 19	Visits	20 0000	6.00	K	H	JA		
	EMPLOYE	E TOTAL	6 .00					
Madueke, Ifeanyi P 50	Visits	21 0000	6.00					
	EMPLOYE	E TOTAL	6.00					
Maduka, Lucy O 21	Admissions/Recert Visits Milage Reimburseme	90 0000 60 0000 nt 5 0000	2.00 9.00 3.00	K		JA		
	EMPLOYE	E TOTAL	14.00					
<mark>Martinez, Joe M</mark> 17	Hourly Hourly	15 0000 34 0000	16 00 16 00					
	EMPLOYE	E TOTAL	32.00		K)			
Nguyen, Jeannie 91	Visits	50 0000	3.00					
	EMPLOYE	E TOTAL	3.00					
<mark>Ragasa, Kassandra</mark> 55	Admissions/Recert Hourly Visits	90 0000 25 0000 50 0000	1.00 28.00 10.00	D	R		CT	
	EMPLOYE	E TOTAL	39.00					
Ragasa, Willie R 32	Salary							
	CHECK	1 TOTAL						
	Salary							
	CHECK	2 TOTAL			1	:		

EMPLOYEE NAME	HOURS, EAR	NINGS, F	REIMBURSE	/IENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Ragasa, Willie R (cont.) 32				P			CT	רתי
	EMPLOYE	E TOTAL						
Ragasa Jr, Willie P 33	Hourly	25 0000	80.00					
	CHECK	1 TOTAL	80.00	D	ות		CT	רועוי
	Hourly	25 0000	80.00			JA		
	CHECK	2 TOTAL	80.00					
	EMPLOYE		160.00	D			CT	רויין ני
Vigil Padilla, Do 72	Visits Lab EMPLOYEI	20 0000 10 0000	33.00 33.00 66.00	1/		JA		
COMPANY TOTALS	LIMPLOTE	TOTAL	60.00					
17 Person(s) 19 Transaction(s)	Admissions/Recert Hourly Salary		10.00 380.00	D			CT	רו ויי
	Visits Lab Milage Reimbursemer	nt	107.00 33.00 3.00	1/				
	COMPANY TO	TAL	533.00				\sim	
				D			CT	רו גיווי
				17	رالا	JA		
				;		:]	I :

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 57 of 95 **PAYROLL JOURNAL**

EMPLOYEE NAME	HOURS, EAR	NINGS, I	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
D	DESCRIPTION	RATE	HOURS	EARNINGS .	REIMB & OTHER PAYMENTS			ALLOCATIONS
C) = Independent Contractor								
,								
							·	
•								
							·	
							1	

PAYCHEX

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME						***	GARNISHME	ENT ***
SOCIAL SECURITY # (SSN)	GARNISHMENT	CASE NUMBER	ADDITIONAL	RECIPIENT NAME	PLAINTIFF NAME	AMOUNT	AGENCY	PAYROLL
ID	TYPE		NUMBER	RECIPIENT SSN			FEE	CHECK DATE

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

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EMPLOYEE NAME	HOURS, EARN	NINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		BEDOCTIONS	ALLOCATIONS
**** 100 STAFF Abieia, Kristine 86		40 0000	9:00	R		DA	CT	ED
Abucejo, Irish 87	Visits	45 0000	9.00					
Avedillo, Teresit 59		90 0000 60 0000	1.00	K		JA	CI	
Comple, Alan 77	EMPLOYEE Admissions/Recert EMPLOYEE	90.0000	3.00	D	ותו		CT	רתי
Diaz, Veronica 63	Hourly	15 0000 15 0000	72,00	11				עעע
Digamon, Memia H 92	Visits Milage Reimbursement	50 0000 t 5 0000		R	R		CT	TI
Domapias, Elizabe 8	Hourly Holiday	17 0000 17 0000 17 0000	64,00 8,00					
Estepa, Mamerlita 23	Visits	60.0000						
						0	1 - 10/00	

0070 1705-4170 Rehab Med-Care LLC Run Date 07/10/19 04:31 PM

07/01/19 - 07/15/19 07/15/19 Period Start - End Date Check Date

EMPLOYEE NAME	HOURS, EARI	NINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET DAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS	······································	BEDOCTIONS	NET PAY ALLOCATIONS
**** 100 STAFF (cont.)								
Estepa, Meneleo 24	Visits	60 0000	7 00	R	H'			, H, I
 	EMPLOYEE	TOTAL	7.00					
Lockett, Teresa 19	Visits	20 0000	12 00					
	EMPLOYEE	TOTAL	12.00					
Madueke, Ifeanyi P 50	Visits	21 0000	6 00	K	Η,		CT	H
	EMPLOYEE	TOTAL	6.00					
Maduka, Lucy O 21	Admissions/Recert Visits Milage Reimbursemen	90,0000 60,0000 it 5,0000	2 00 10 00 4 00					
	EMPLOYEE	TOTAL	16.00				1/	יעי
Nguyen, Jeannie 91	Admissions/Recert Visits Milage Reimbursemen	90,0000 50,0000 at 5,0000	2.00 2.00 1.00	K		UA	CT	
	EMPLOYEE	1	5.00					
Pedroso, Mary J 89	Visits	50.0000	11 00	R	R		CT	TI
	EMPLOYEE		11.00					
Ragasa, Kassandra 55	Admissions/Recert Visits Milage Reimbursemen	90,0000 50,0000 at 5,0000	2:00 8:00 8:00					
	EMPLOYEE	TOTAL	18.00	-				
Ragasa, Willie R 32	Salary							
	CHECK	1 TOTAL		:	1 : 1	:		

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEI	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
**** 100 STAFF (cont.) Ragasa, Willie R (cont.) 32	Salary		R		DA	CI	
	CHECK 2 TOTAL	 					
	EMPLOYEE TOTAL			ותו			
Ragasa Jr, Willie P 33	Hourly 25,0000		K		DA		
	CHECK 1 TOTAL	80.0d					
	Hourly 25 0000		R		DA		HI
	CHECK 2 TOTAL	80.00					
	EMPLOYEE TOTAL		-				
Vigil Padilla, Do 72	Visits 20,0000 Lab 10,0000			ותו			
	CHECK 1 TÖTAL	56.00		H ,	DA		
	Visits 20 0000 Lab 10 0000						
	CHECK 2 TOTAL	56.00					
	EMPLOYEE TOTAL	112.00					' 4'
COMPANY TOTALS 18 Person(s) 21 Transaction(s)	Admissions/Recert Hourly Salary	10.00 296.00			DA		
			•				

PAYROLL JOURNAL

EMPLOYEE NAME	HOURS, EARNINGS, F	REIMBURSEM	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	Visits Holiday Sick Vacation Lab Milage Reimbursement	145.00 8.00 8.00 8.00 56.00 19.00	R		DA		
·	COMPANY TOTAL	550.00	R		DA		
IC) = Independent Contractor							

PAYCHEX

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN)

GARNISHMENT TYPE

CASE NUMBER

ADDITIONAL NUMBER

RECIPIENT NAME **RECIPIENT SSN**

PLAINTIFF NAME

*** GARNISHMENT *** **AMOUNT**

PAYROLL **AGENCY**

FEE CHECK DATE

H, I) A H, I) A

EMPLOYEE NAME	HOURS, EAR	RNINGS, F	REIMBURSEN	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
D	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF								
Abieia, Kristine 6	Visits Visits Visits	5 0000 40 0000 90 0000	1 00 10 00 3 00	K		UA		
Nbucejo, Irish 7	Visits Visits	45.0000 90.0000	14.00 12.00 4.00					
	EMPLOYE	E TOTAL	16.00	K				
vedillo, Teresit 9	Visits	60 0000	4 00	1/	ן ש			
	EMPLOYE	E TOTAL	4.00					
abellero, Marisa 3	Visits	20 0000	7 00	D				
Comple, Alan	Visits	90 0000	7.00 1.00	1/		UA		
	EMPLOYE	E TOTAL	1.00			_		
liaz, Veronica 3	Hourly Sick	15,0000 15,0000	72 00 8 00	R			CI	
	CHECK	(1 TOTAL	8 <u>d</u> .od	17				
	Hourly Vacation	15 0000 15 0000	72 00 8 00					
	CHECK	(2 TOTAL	80.00					
	EMPLOYE	E TOTAL	160.00	:	1 : 1	į	I :	

1070 1705-4170 Rehab Med-Care LLC tun Date 08/29/19 11:09 AM

08/16/19 - 08/31/19 Period Start - End Date Check Date 08/30/19

:MPLOYEE NAME	HOURS,	EARNINGS, F	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY	
D	DESCRIPTIO	N RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS	
*** 100 STAFF (cont.)									
)igamon, Memia H ¹ 2	Visits Visits	50 0000 90 0000	4 00 1 00	K	H'_{i}			K ,	
	EMPLO	DYEE TOTAL	5.00						
lomapias, Elizabe	Hourly Vacation	17 0000 17 0000	64 00 16 00						
	EMPLO	OYEE TOTAL	80.08	L	H'			'' ∀'	
stepa, Mamerlita 3	Visits	60.0000	8.00	1/	, ש	UA			
	EMPLO	DYEE TOTAL	00.8						
∃stepa, Meneleo 4	Visits Visits	5:0000 60:0000	1:00 4:00						
	Visits	90 0000	2.00				1	' 1	
	EMPLO	OYEE TOTAL	7.00						
ockett, Teresa 9	Visits	20 0000	6.00		رس ر				
	EMPLO	OYEE TOTAL	6.00			_			
ladueke, lfeanyi P 0	Visits	21 0000	8.00	D	וות			וע וע	
	EMPLO	DYEE TOTAL	8.00						
ładuka, Lucy O 1	Visits Visits Visits	5,0000 60,0000 90,0000	3.00 18.00 1.00						
	EMPL(OYEE TOTAL	22.00						
fartinez, Joe M 7	Hourly Hourly	15 0000 34 0000	2 00 8 00						
	EMPLO	OYEE TOTAL	10.00						

:MPLOYEE NAME	нс	URS, EARNINGS,	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
D	DESC	RIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
'*** 100 STAFF (cont.)								
lguyen, Jeannie ₁1	Visits Visits	50 90 90	=;]		-			, H, I
		EMPLOYEE TOTAL	3.00	1				
tagasa, Kassandra 5	Visits Visits Visits	50000 50 0000 90 0000	3,00				\sim	
		EMPLOYEE TOTAL	10.00					ר ויק ע
tagasa, Willie R 2	Salary			K		UA		
		EMPLOYEE TOTAL		-				
<mark>tagasa Jr, Willie P</mark> 3	Hourly	25 0000	80 00	D			CI	
	 	CHECK 1 TOTAL	80.00	-				
	Hourly	25.0000	80.00					
		CHECK 2 TOTAL	80.00	D				
		EMPLOYEE TOTAL	160.00					
′igil Padilla, Do ′2	Visits Visits	10 0000 20 0000						
		EMPLOYEE TOTAL	72.00	=				
OMPANY TOTALS 9 Person(s) 11 Transaction(s)	Hourly Salary		378.00					
	Visits		183.00					

EMPLOYEE NAME	HOURS, EARNIN	GS, REIMBUI	RSEMENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
D		HOURS		REIMB & OTHER PAYMENTS		DEBOTIONS	ALLOCATIONS
	Sick Vacation		8.00 4.00				
	COMPANY TOTAL	59	3.00		JA		
C) = Independent Contractor							
					, '		
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PAYCHEX

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME SOCIAL SECURITY # (SSN) ID

GARNISHMENT TYPE CASE NUMBER

ADDITIONAL NUMBER RECIPIENT NAME RECIPIENT SSN PLAINTIFF NAME

*** GARNISHMENT ***
AMOUNT AGENCY PAY

GENCY PAYROLL
FEE CHECK DATE

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

H, I) A H, I) A

EMPLOYEE NAME	HOURS, EARNIN	IGS, REIM	BURSEM	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY	
ID	DESCRIPTION R	RATE	OURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS	
**** 100 STAFF	Administra /Danat 00	0000	3.00	D	R	DA	CT		
Abieia, Kristine 86	Visits 40	0000	10.00	1/	رسار			ענענ	
	EMPLOYEE TO	OTAL T	13.00			_			
Abucejo, Irish 87	Visits 45	0000 0000	2 00 7 00	D			CT		
· · · · · · · · · · · · · · · · · · ·	EMPLOYEE T	OTAL	9.00		H,	JA			
Avedillo, Teresit 59	Visits 60	0000 0000	1.00 1.00						
	EMPLOYEE T	OTAL	2.00						
Diaz, Veronica		0000	64.00						
63	Vacation 15	0000	8.00 8.00	K	K,			 	
	EMPLOYEE T	DTAL	80.00						
Digamon, Memia H 92	Visits 50	0000	5.00			_			
	EMPLOYEE T	DTAL	5.00						
Domapias, Elizabe		0000	64 00				CT		
8		0000	8 00 8 00		١,				
	EMPLOYEE T	DTAL	80.00						
Estepa, Mamerlita	Admissions/Recert 90	0000	3.00						
23	Visits 60	0000	5.00						
	EMPLOYEE TO	OTAL	8.00						
Estepa, Meneleo 24		0000	1 00 8 00						
	EMPLOYEE TO	OTAL	9.00						
						4	10/15/10		

0070 1705-4170 Rehab Med-Care LLC Run Date 08/05/19 04:35 PM

Period Start - End Date 08/01/19 - 08/15/19 Check Date 08/15/19 payral 8/15/19

EMPLOYEE NAME	HOURS, EAF	RNINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY		
ID	DESCRIPTION	RATE	Hours	EARNINGS	REIMB & OTHER PAYMENTS		22200110110	ALLOCATIONS		
**** 100 STAFF (cont.)										
Lockett, Teresa 19	Visits	20 0000	6 00	K	H ,		CI	H, II		
	EMPLOYE	E TOTAL	6.00							
Madueke, Ifeanyi P 50	Visits	21 0000	4.00							
	EMPLOYE	E TOTAL	4.00							
Maduka, Lucy O 21	Admissions/Recert Visits	90 0000	5 00 12 00		H , I					
21	Milage Reimburseme		5 00							
	EMPLOYE	E TOTAL	22.00							
Nguyen, Jeannie 91	Admissions/Recert Visits	90 0000 50 0000	1 00 1 00							
	EMPLOYE	E TOTAL	2.00							
Pedroso, Mary J 89	Admissions/Recert Visits	90 0000 50 0000	2.00 10.00	17			CI			
	CHECK	(1 TOTAL	12.00							
			3,00		1					
	Admissions/Recert Visits	90 0000 50 0000	3,00 9.00		7,					
	Milage Reimburseme	ent 5,0000								
	CHECK	K 2 TOTAL	12.00							
	EMPLOYE	E TOTAL	24.00							
Vigil Padilla, Do	Visits Lab	20,0000		K	H'I		CI	'H'		
	EMPLOYE		68.00							
Wilson, Joyce 90	Visits	20 0000	6.00							

EMPLOYEE NAME	HOURS, EARNINGS, I	REIMBURSEME	NTS & OTHER	PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Wilson, Joyce (cont.) 90	EMPLOYEE TOTAL	6.00	R		DA	CT	
COMPANY TOTALS							
15 Person(s) 16 Transaction(s)	Admissions/Recert Hourly Visits Holiday Sick Vacation Lab Milage Reimbursement	21.00 128.00 118.00 8.00 8.00 18.00 34.00	R		DA	CT	
	COMPANY TOTAL	338.00				\sim	
			R		DA	CT	
(IC) = Independent Contractor			t ———				

PAYCHEX

GARNISHMENT PAYMENT SERVICE CONFIRMATION

0070 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

EMPLOYEE NAME						***	GARNISHME	ENT ***
SOCIAL SECURITY # (SSN)	GARNISHMENT	CASE NUMBER	ADDITIONAL	RECIPIENT NAME	PLAINTIFF NAME	AMOUNT	AGENCY	PAYROLL
ID	TYPE		NUMBER	RECIPIENT SSN			FEE	CHECK DATE
	1							

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

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PLOYEE NAME	HOURS, EAR	RNINGS, I	REIMBURSEN	ENTS & OTHER	RPAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
** 100 STAFF								
ucejo, Irish	Admissions/Recert Visits	90 0000 45 0000	1 00 10 00	K	H),			
	EMPLOYE	E TOTAL	11.00					
edillo, Teresit	Admissions/Recert Visits	90 0000 60 0000	1.00 3.00					
	EMPLOYE	E TOTAL	4.00					
mapias, Elizabe	Hourly	17,0000	80,00	K	H)			` H),]
	EMPLOYE	E TOTAL	80.00					
tepa, Mamerlita	Visits	60 0000	7 00					
	EMPLOYE	E TOTAL	7.00		ותו			
tepa, Meneleo	Admissions/Recert Visits	90;0000 60;0000	1,00 5,00	K		UA		
	EMPLOYE	E TOTAL	6.00					
ckett, Teresa	Visits	20 0000	6.00					
	EMPLOYE	E TOTAL	6.00		71			
₃dueke, Ifeanyi P	Visits	21 0000	6.00	K		UA		
	EMPLOYE	E TOTAL	6.00					
aduka, Lucy O	Admissions/Recert	90,0000		-				
	Milage Reimburseme	nt 5 0000	3.00					
	EMPLOYE	E TOTAL	18.00	_				
agasa, Kassandra ;	Admissions/Recert Visits	90 0000 50 0000					i/ /~ /	

170 1705-4170 Rehab Med-Care LLC ın Date 09/26/19 09:57 AM

Period Start - End Date Check Date

09/16/19 - 09/30/19 09/30/19

PAYROLL JOURNAL

PLOYEE NAME	HOURS, EARNI	NGS, F	REIMBURSEI	MENTS & OTHER	RPAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
** 100 STAFF (cont.) jasa, Kassandra (cont.								
	Lab 1 EMPLOYEE	00000 TOTAL	4.00 13.00	K	H,			
il Padilla, Do	Visits 2	0.0000	27.00 27.00					
	EMPLOYEE	TOTAL	54.00					
MPANY TOTALS Person(s) Transaction(s)	Admissions/Recert Hourly Visits Lab		11.00 80.00 80.00 31.00	K		UA		
	Milage Reimbursement COMPANY TOTA	L.	3.00 205.00					
				R	R	DA		
) = Independent Contractor								

IPLOYEE NAME	HOURS, EA	RNINGS, R	REIMBURSEM	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
** 100 STAFF								
ucejo, Irish	Visits Visits	45 0000 90 0000	10 00 1 00	K	Н,			H, I
	EMPLOY	EE_TOTAL	11.00					
edillo, Teresit	Visits	60 0000	5.00			_		
	EMPLOY	EE TOTAL	5.00					
az, Veronica	Hourly	15,0000	32,00	K	H,	JA		H,
	CHEC	K 1 TOTAL	32.00					
	Vacation	15 0000	96,00					
	CHEC	K 2 TOTAL	96.00	R	H'			, H, I
	EMPLOY	EE TOTAL	128.00	1/				
mapias, Elizabe	Hourly	17 0000	80,00					
	EMPLOY	EE TOTAL	90.08	D				רועוי
stepa, Mamerlita	Visits Visits	60 0000 90 0000	5.00 2.00	\mathbf{I}		UA		
	EMPLOY	EE TOTAL	7.00					
stepa, Meneleo	Visits	60,0000	5,00					
	EMPLOY	EE TOTAL	5.00					
ockett, Teresa	Visits	20 0000	6.00					
							1 // / /	

Period Start - End Date 09/01/19 - 09/15/15/ Check Date 09/13/19 payrol/ 9/15/19

/IPLOYEE NAME	HOURS, EARNINGS,	REIMBURSE	MENTS & OTHER	RPAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
:** 100 STAFF (cont.) ckett, Teresa (cont.)			D	R			
	EMPLOYEE TOTAL	6.00		1,			
ıdueke, lfeanyi P	Visits 21 0000	6.00					
	EMPLOYEE TOTAL	6.00				\sim	
ıduka, Lucy O	Visits 60 0000 Visits 90,0000 Milage Reimbursement 5 0000 EMPLOYEE TOTAL	1.00	R	H)	DA		
uyen, Jeannie	Visits 50 0000	1 00					
	EMPLOYEE TOTAL	1.00					
igasa, Kassandra	Hourly 25.0000	27.00	K	H)			(H)
	CHECK 1 TOTAL	27.00					
	Visits 50,0000	6.00					
	CHECK 2 TOTAL	6.00	K	H _A	JA		
	EMPLOYEE TOTAL	33.00					
igasa Jr, Willie P	Hourly 25 0000	80,00					
	EMPLOYEE TOTAL	80.00					
gil Padilla, Do	Visits 20,0000 Milage Reimbursement 10,0000	36.00		1		ı · · · · · · · ·	1 :

IPLOYEE NAME	HOURS, EAR	NINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
** 100 STAFF (cont.) gil Padilla, Dora (cont.)	EMPLOYE	E TOTAL	72.00	R	R	ΠΑ		
MPANY TOTALS								
Person(s) Transaction(s)	Hourly Visits Vacation Milage Reimbursemer COMPANY TO		219.00 96.00 96.00 36.00 447.00	R		DA		
) = Independent Contractor								

YCHEX'

GARNISHMENT PAYMENT SERVICE CONFIRMATION

70 1705-4170 Rehab Med-Care LLC (Fed ID 20-2243117)

MPLOYEE NAME DCIAL SECURITY # (SSN)

GARNISHMENT TYPE CASE NUMBER

ADDITIONAL NUMBER RECIPIENT NAME RECIPIENT SSN PLAINTIFF NAME

*** GARNISHMENT ***
AMOUNT AGENCY PAY

AGENCY PAYROLL FEE CHECK DATE

>> PAYCHEX WILL MAKE THIS PAYMENT(S) ON YOUR BEHALF. <<

H, I) A H, I)A

EMPLOYEE NAME	HOURS, EAR	NINGS, R	EIMBURSEN	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF								
Abucejo, Irish 87	Admissions/Recert Visits	90 0000 45 0000	4.00 8.00	K	H)	JA		H,H
Avedillo, Teresit	EMPLOYEE Visits	60,0000	12.00 3.00					
59	EMPLOYEE		3.00					
Comple, Alan 77	Visits	90,0000	2,00	K	H)	JA	CT	H(H)
	EMPLOYEE	TOTAL	2.00					
Domapias, Elizabe 8	Hourly Holiday Vacation	17 0000 17 0000 17 0000	64:00 8:00 8:00	D	ותו			
Estepa, Mamerlita 23	Visits Visits	60,0000 90,0000	80.00 6,00 1,00	K		JA	CT	
	EMPLOYEE	TOTAL	7.00					
Estepa, Meneleo 24	Visits Visits EMPLOYEE	60 0000 90 0000 TOTAL	5.00 1.00 6.00	D			CT	
Lockett, Teresa	Visits	20 0000	6:00	1/	ע ע			
_	EMPLOYEE	TOTAL	6.00					
Madueke, Ifeanyi P 50	Visits	21 0000 E TOTAL	6.00	R				'
Maduka, Lucy O 21	Visits Visits Milage Reimbursemer	60 0000 90 0000	11 00 1 00 4 00					

0070 1705-4170 Rehab Med-Care LLC Run Date 10/25/19 10:56 AM

Period Start - End Date Check Date

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSE	MENTS & OTHE	ER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Maduka, Lucy O (cont.) 21			R			CT	H
Martinez, Joe M 17	EMPLOYEE TÖTAL Hourly 34:0000						
	EMPLOYEE TOTAL	8.00		ותו			
Ragasa, Kassandra 55	Hourly 25,0000 Visits 50,0000 Visits 90,0000 EMPLOYEE TOTAL	4 00 3 00	K		JA		
Ragasa Jr, Willie P 33	Hourly 25 0000	80.00	P			CT	R
Vigil Padilla, Do 72	Visits 20,0000 Milage Reimbursement 10,0000	34.00		ן ש			
Wilson, Joyce 90	Visits 20,0000	4.00	R			CT	171
COMPANY TOTALS 14 Person(s) 14 Transaction(s)	Admissions/Recert Hourly Visits Holiday Vacation Milage Reimbursement COMPANY TOTAL	4.00 168.00 95.00 8.00 8.00 38.00					

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EMPLOYEE NAME	HOURS, EAR	NINGS, I	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS		Japanene	ALLOCATIONS
							CT	4 24 2
			'					
				i	1 : 1	i		· · · · · · · · · · · · · · · · · · ·
(IC) = Independent Contractor								
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COTO TOO THE NAME OF THE PARTY								
EMPLOYEE NAME	HOURS, EA	RNINGS, I	REIMBURSEN	IENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
!D	DESCRIPTION	RATE	Hours	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF				D				חתי
Abucejo, Irish 37	Admissions/Recert Visits	90 0000 45 0000		\mathbf{I}		UA		
	EMPLOYE	EE TOTAL	9.00					
Avedillo, Teresit 59	Admissions/Recert Visits	90.0000 60.0000	1.00 2.00 3.00					
	EMPLOYE	E TOTAL	3.00				1.	
Domapias, Elizabe	Hourty	17 0000	80,00			UA		
	EMPLOYE	EE TOTAL	80.00					
Estepa, Mamerlita	Admissions/Recert Visits	90,0000	2 00 7 00					
	EMPLOYE		9.00					i H)
Estepa, Meneleo 24	Admissions/Recert Visits	90,0000	9.00 2;00 5:00	11		UA		
	EMPLOYE	E TOTAL	70C					
Lockett, Teresa	Visits	20 0000	9.00	D	ותו		CT	
	EMPLOYE	E TOTAL	9.00					
Madueke, Ifeanyi P 50	Visits	21 0000	5.00	1/				
	EMPLOYE	EE TOTAL	5.00					
Maduka, Lucy O 21	Admissions/Recert Visits Milage Reimburseme	90 0000 60 0000 ent 5 0000	5.00	R				
	EMPLOYE	E TOTAL	13.00					
Ragasa, Kassandra 55	Admissions/Recert Visits	90.0000 50.0000	4 00 13,00					
	1	. 1	• 1				17 10 /	1/

0070 1705-4170 Rehab Med-Care LLC Run Date 10/10/19 03:03 PM

Period Start - End Date 10/01/19 - 10/15/19 Check Date 10/15/19 payrell to 19/5/19

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEMI	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Ragasa, Kassandra (cont. 55	Lab 10,0000 EMPLOYEE TOTAL	1 1	R	E	DA	CT	ED
Vigil Padilla, Do 72	Visits 20,0000 Lab 10,0000 EMPLOYEE TOTAL	34 00					
Wilson, Joyce 90	Visits 20,0000		K	K,	JA		
COMPANY TOTALS 11 Person(s) 11 Transaction(s)	Admissions/Recert Hourly Visits Lab Milage Reimbursement COMPANY TOTAL	17.00 80.00 90.00 39.00 3.00 229.00	R		DA	CT	
(IC) = Independent Contractor							

PAYROLL JOURNAL

EMPLOYEE NAME	HOURS, EAR	RNINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF				D				
Abucejo, Irish 87	Visits	45 0000	8 00			JA	CT	
	EMPLOYE	E TOTAL	8.00	_				
Avedillo, Teresit 59	Visits Visits	60 0000 90 0000	3.00 2.00					
	EMPLOYE	E TOTAL	5.00					
Domapias, Elizabe B	Hourly Vacation	17 0000 17 0000	72 00 8 00	17	ע ע		CT	ענענ
	EMPLOYE	E TOTAL	80.00			_		
Estepa, Mamerlita 23	Admissions/Recert	90 0000	1.00	R		DA	CT	ED
	CHEC	K 1 TÖ T AL	1.00	-				
	Visits	60 0000	8 00					
	CHEC	K 2 TOTAL	8.00					
	EMPLOYE	E TOTAL	9.00				CT	
Estepa, Meneleo 24	Visits	60 0000	2.00	D	ותו			
	CHEC	K 1 T OTAL	2.00					
	Visits	60 0000	5 00					
	CHEC	K 2 TOTAL	5.00	:	1 : 1	:	11 11/20/16	1 :

EMPLOYEE NAME	HOURS, EA	ARNINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF (cont.) Estepa, Meneleo (cont.) 24	EMPLOY	ÆE TOTAL	7,00	R	RI	DA	CT	RD
Fischer, Michelle 95	Hourly	14 0000	80.00					
Lockett, Teresa 19	Visits	ZO 0000		K		DA	CT	
Madueke, Ifeanyi P 50	Visits	ZEE TOTAL 21 0000 ZEE TOTAL				_		
Maduka, Lucy O 21	Visits Visits Milage Reimbursen	60 0000 90 0000 nent 5 0000	12.00 1.00 3.00	K		JA	CT	
Ragasa, Kassandra 55	Visits Visits	50,0000 90,0000 7EE TOTAL		R	R	Λ	CT	RID
Tobola, Jeanette 94	Visits	45 0000						
Tran, Lang 88	EMPLO	YEE TOTAL 60 0000	6.00 2.00	R		JA	CT	ED
	EMPLOY	YEE TOTAL	2.00					

EMPLOYEE NAME	HOURS, EAR	NINGS, I	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
**** 100 STAFF (cont.)				D				
Vigil Padilla, Do 72	Visits Milage Reimbursemen	20 0000 t10 0000	;	K		UA	$\mathbf{C}\mathbf{I}$	
	EMPLOYEE	TOTAL	64.00					
Wilson, Joyce 90	Visits EMPLOYEE	20 0000 TOTAL	4.00 4.00	D	ותו			
COMPANY TOTALS 14 Person(s) 16 Transaction(s)	Admissions/Recert		1.00	N		UA	CI	
ro rransacion(s)	Visits Vacation Milage Reimbursemen	ıt	152.00 105.00 8.00 35.00					
	COMPANY TO	TAL	301.00	R	H'			A + A + A + A + A + A + A + A + A + A +
				11	رس ر			
(IC) = Independent Contractor								

EMPLOYEE NAME	HOURS, EARN	NINGS, F	REIMBURSEM	ENTS & OTHE	R PAYMENTS	WITHHOLDIN	NGS	DEDUCTION	ıs	NET PAY	
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS					ALLOCATIONS	5
**** 100 STAFF			<u> </u>								
Abucejo, Irish 87		90 0000 45 0000	4 00 8 00	K	H,	DA				H)	
	EMPLOYEE	TOTAL	12.00								
Avedillo, Teresit 59	Visits	60 0000	3 00								
	EMPLOYEE	TOTAL	3.00		ייע				1	ויע	
Comple, Alan 77		60 0000 90 0000	7,00 4.00			DA	\L				
	EMPLOYEE	TOTAL	11.00								
Domapias, Elizabe 8	Hourly	17,0000	80 00 🗕			DA		M r			
	EMPLOYEE	TOTAL	80.00				7				
Estepa, Mamerlita 23		60 0000 90 0000	6 00 - 1 00								
	EMPLOYEE	TOTAL	7.00					~-			
Estepa, Meneleo 24	Visits	60 0000 90 0000	5 00 1 00			DA			1		
	EMPLOYEE	TOTAL	6.00		1/1		1			1	
Fischer, Michelle 95	Hourly	14,0000	80 00 🗖								
	EMPLOYEE	TOTAL	80.00								
Lockett, Teresa 19	Visits	20 0000	6.00								
	EMPLOYEE	TOTAL	6.00								
								11/10			
0070 1705-4170 Rehab M Run Date 11/14/19 12:00 PM	led-Care LLC			Period Sta Check Da		/19 - 11/15/19 /19	regro!	11/15/19		Pa	ll Journal ge 1 of 3 PYRJRN

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEM	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID		HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	DESCRIPTION RATE	.					'
**** 100 STAFF (cont.)							
Madueke, Ifeanyi P	Visits 21 0000	6.00	K				
50							
	EMPLOYEE TOTAL	6.00					
Maduka, Lucy O	Visits 60 0000	11 00			_		
21	Visits 90,0000 Milage Reimbursement 5,0000	1,00 4,00					
	EMPLOYEE TOTAL	16.00					
Ragasa, Kassandra	Hourly 25:0000	10:00		H_{J}	JA		17
55	Visits 50,0000 Visits 90,0000	4,00 2.00					
	EMPLOYEE TOTAL						
		16.00					
Ragasa Jr, Willie P	Hourly 25:0000	80:00		' '		11	'
				H,	JA		
	EMPLOYEE TOTAL	80.00					
Vigil Padilla, Do	Visits 20,0000	34,00					
72	Milage Reimbursement 5 0000	34 00					
	EMPLOYEE TOTAL	68.00					
Wilson, Joyce 90	Visits 20 0000	4 00		Hil			
30	EMPLOYEE TOTAL	4 00		'			
	EMPLOTEE TOTAL	4.00					
COMPANY TOTALS	Adminsions/Decout	4.00					
14 Person(s) 14 Transaction(s)	Admissions/Recert Hourly	4.00 250.00					
	Visits Milage Reimbursement	103.00 38.00					
	COMPANY TOTAL	395.00					
			-				
	• 1	. 1	•	· F	• 1	;	:

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EMPLOYEE NAME	HOURS, EAR	NINGS, F	REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY	
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS	
				D					
						JA	CT	E	
					1 : 1		T	 	
(IC) = Independent Contractor									

0070 1705-4170 Rehab M	ed-Care LLC						
EMPLOYEE NAME	HOURS, EARNING	SS, REIMBURSE	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION R	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	DESCRIPTION R	;		PAYMENTS			
**** 100 STAFF			D			CT	
Abucejo, Irish 87		0000 10 00 0000 4 00					
	EMPLOYEE TO						
Avedillo, Teresit 59		0000 4.00 0000 1.00					
D	EMPLOYEE TO						יעיי
Domapias, Elizabe 8	1	0000 72:00 0000 8:00	K		IJA		
	EMPLOYEE TO	TAL 80.00		, ,			
Estepa, Mamerlita	Visits 60						
23	Visits 90						
	EMPLOYEE TO						
Estepa, Meneleo 24		0000 4.0d 0000 3.0d					
	EMPLOYEE TO						
Fischer, Michelle 95	Hourly 14	76 00					
	EMPLOYEE TO	TAL 76.00		' - 			, ₁ ,
Lockett, Teresa 19	Visits 20	TAL 76.00	1		UA		
	EMPLOYEE TO	TAL 6.00					
Madueke, Ifeanyi P 50	Visits 21	0000 6 00					
	EMPLOYEE TO	TAL 6.00			UA		
Maduka, Lucy O 21	Visits 60.	7.00 0000 7.00 4.00					
	Milage Reimbursement 5						
						1, , , /	
0070 470E 4470 Dahah Ma	4.011.0				-	1/ /2 /2/21/1	

0070 1705-4170 Rehab Med-Care LLC Run Date 12/27/19 10:41 AM

Period Start - End Date 12/16/19 - 12/31/19 Check Date 12/31/19 payol for 12/31/19

00/01/05-41/0 Renab Med	-Care LLC							
EMPLOYEE NAME	HOURS, EAR	NINGS, F	REIMBURSEN	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
D	DESCRIPTION	DATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	DESCRIPTION	RATE	:		PAYMENTS			
**** 100 STAFF (cont.)								
Waduka, Lucy O (cont.) 21					' '			'
	EMPLOYE	= TOTAL	16.00					
Ragasa Jr, Willie P	Hourly	25 0000	80.00					
33								
	EMPLOYE!	= TOTAL	90.00					
			00.08					
Fobola, Jeanette 34	Visits Visits	40 0000 90 0000	4.00 3,00					
		00,000			1,			
	EMPLOYE	TOTAL	7.00					
Fran, Lang	Visits	60:0000	4.00					
38								
	EMPLOYE	E TÖTAL	4.0d					
Jsman, Risikat M	Visits	20:0000	1 00					
96	Milage Reimbursemer		1 00		1 1			
	EMPLOYE	E TOTAL	2.00		, ,			
Vigil Padilla, Do	Visits	20.0000	31.00					
72	Milage Reimbursemer		31 00					
	EMPLOYE	E TOTAL	62.00					
Wilson, Joyce	Visits	20,0000	3,00					
30					'/			'/
	EMPLOYE	E TOTAL	3.00		, ,			
Yap, Nova L	Visits	90.0000	1,00					
27	Visits	00,000						
	EMPLOYE	E TOTAL	1.00					
COMPANY TOTALS								
16 Person(s)	Hourly		228.00					
16 Transaction(s)	Visits		105.00					

Case 4:20-cv-04224 Document 10-2 Filed on 03/15/21 in TXSD Page 92 of 95 **PAYROLL JOURNAL**

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION RATE	HOURS	EARNINGS	REIMB & OTHER			ALLOCATIONS
	Holiday Milage Reimbursement	8.00 37.00	D				
	COMPANY TOTAL	378.00	K		UA.		
(IC) = Independent Contractor					1,222,02		
							,

EMPLOYEE NAME	HOURS, EAR	RNINGS, F	REIMBURSEN	MENTS & OTHE	R PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY
ID	DESCRIPTION	RATE	HOURS	EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS
**** 100 STAFF								
Abucejo, Irish 87	Admissions/Recert Visits	90 0000 45 0000	2.00 8.00	K		JA		H, I
	EMPLOYE	E TOTAL	10.00					
Avedillo, Teresit 59	Visits	60 0000	4 00					
	EMPLOYE	E TOTAL	4.00					
Comple, Alan 77	Admissions/Recert Visits	90,0000 60,0000	2,00 8.00	K	H,	JA	CI	
	EMPLOYE	E TOTAL	10.00					
Domapias, Elizabe 8	Hourly Bonus	17 0000	80.00					
	EMPLOYE	E TOTAL	80.00					
Estepa, Mamerlita 23	Admissions/Recert Visits	90 0000 60 0000	4,00 15.00	1/		JA		עשע
	EMPLOYE	F TOTAL	19.00					
Estepa, Meneleo 24	Admissions/Recert Visits	90 0000	4:00 9:00	D	M		CT	
	EMPLOYE	E TOTAL	13.00		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			עי עי
Fischer, Michelle	Hourly	14.0000	80.00					
	EMPLOYE	E TOTAL	80.00					
Lockett, Teresa 19	Visits Bonus	20 0000	6 00					
	EMPLOYE	E TOTAL	6.00					

0070 1705-4170 Rehab Med-Care LLC Run Date 12/12/19 12:34 PM

Period Start - End Date 12/01/19 - 12/15/19 Check Date 12/13/19 papel 12/15/19

EMPLOYEE NAME	HOURS, EAR	NINGS. F	REIMBURSEN	ENTS & OTHE	R PAYMENTS	WITHHOLDINGS	WITHHOLDINGS DEDUCTIONS NET PAY				
ID			HOURS	EARNINGS	REIMB & OTHER	WITHHOLDINGS	DEDUCTIONS	NET PAY ALLOCATIONS			
	DESCRIPTION	RATE			DAVMENTO						
**** 100 STAFF (cont.)											
Madueke, Ifeanyi P 50	Visits	21 0000	6.00	K		DA					
	EMPLOYE	E TOTAL	d. 00								
Maduka, Lucy O 21	Admissions/Recert Visits Bonus	90 0000 90 0000	4 00 8 00								
	Milage Reimburseme	nt 5 0000	4.00		.		1	, , , , , , , , , , , , , , , , , , ,			
	EMPLOYE	E TOTAL	16.00		1	DA					
Ragasa, Kassandra 55	Admissions/Recert Visits	90,0000 50,0000	3 00 4 00								
	EMPLOYE	E TOTAL	7.00								
Ragasa Jr, Willie P 33	Hourly	25 0000	80.00	K	K)	DA					
	EMPLOYE	E TOTAL	80.00								
Tobola, Jeanette 94	Visits Milage Reimburseme	40 0000 nt 5 0000	8 00 2 00								
	EMPLOYE	E TOTAL	10.00		, L			,			
Vigil Padilla, Do 72	Visits Lab	20 0000 10 0000	28.00 28.00	1		DA					
	EMPLOYE	E TOTAL	56.00	-							
Wilson, Joyce 90	Visits EMPLOYE	20 0000 E TOTAL	4.00	D							
COMPANY TOTALS 15 Person(s)	Admissions/Recert		19.00	K		UA					
15 Transaction(s)	Hourly Visits Bonus		240.00 108.00					i I			

EMPLOYEE NAME	HOURS, EARNINGS,	REIMBURSEMENTS & OTHE	ER PAYMENTS	WITHHOLDINGS	DEDUCTIONS	NET PAY	
ID	DESCRIPTION RATE	HOURS EARNINGS	REIMB & OTHER PAYMENTS			ALLOCATIONS	
	Lab Milage Reimbursement	28.0C 6.0C					
	COMPANY TOTAL	401.00		JA			
(IC) = Independent Contractor							